FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

JA ETHICS AND

2012 MAY 21 AM 9: 01

	IN-STATE IN SIMI	a care	1
COMMITTEE NAME (Must be same as on Statement of Organ			Mondgomera
JAMPOON FOR SHERRETE	F		FORM
IMPORTANT: Indicate by # type of committee you are reporting for: [(1)Statewide/Legislative/Judge Standing for Retention Candidate (2) (4)County Central Committee (5)County Candidate (6)City Candidate (8)County PAC (9)City PAC (10)School B 11) Local Ballot Issue)State PAC (3)State Party late (7)School Board or Other Political	(R	DR-2 dev. 12/2009) DISCLOSURE REPORT OF Office Use Only DISCLOSURE REPORT A PAGE 18 193
CANDIDATE COMMITTEES ONLY:			gged InCt
Candidate Name	Political Party (if applicable)		anned
JOE JAMPSON	KARURLICAN	Co	omputer
Office Sought OFFECTFF	District (if Senate or House)	Au	dited
Late reports are subject to possible civil and criminal penalties. Purs	suant to Iowa Code sections 68B.32A(7) and 68A	A.401(3), the candidate, for a
candidate's committee, and the charperson, for any other type of co	ommittee, is the individual responsible f	or filing tir	mely and accurate reports.
hoth all	112-621-1447	5	-18-12
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE SIGNED
I AM FILING A MON 19/ DOJO			
(report date)	REPORT FOR (1) ELECTION /		ELECTION YEAR.
	Indicate by #		
CHECK IF AMENDMENT TO REPORT DATED	1		nittees, enter Date of Election
☐ Check if this is final (termination) report and attach Notice of (You must continue to file reports until a DR-3 is filed.)	Dissolution Form DR-3.	nich Electi	S 303 RamAM ocal ommittees, enter County in ion is held 6 AM PD4
		110-01	OGINA
STATEMENT OF CASH ON HAND			
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the confidence of the last reporting period or must be zero if this is first.)	ash on hand at the end	\$	6993.07
ADD TOTAL MONEY TAKEN IN THIS PERIOD			0
Schedule A: Cash Contributions total (Attach Schedu	le A) (*also see in-kind below)	*******	9275.00
Schedule F: Loans Received total (Attach Schedule F	÷)		
Schedule H: Total Sales of Campaign Property (Attac	ch Schedule H)		
(Schedule H applies to Candidates' Comm	uittees Only)		11010 -
*	SUB-TOTAL	\$	16268.07
SUBTRACT TOTAL MONEY SPENT THIS PERIOD			. 1210m DN
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		5793.96
Schedule F: Loan Repayments total (Attach Schedule	F)		
CASH ON HAND at the end of this reporting period (if final repo	ort balance must be zero)	\$	10,474.19
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule	ule E)	\$	_
**OUTSTANDING LOANS (From Schedule F - Attach Schedule	e F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)			_YESNO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attac	h Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign account	t bank statement in January of each	year.	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Amelow For Otherse	No. Company Co.	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

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		er than statutory political committees.			
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	THE GREEN TREE COMPANY		25	THE CHILE
1-12-12	CK#	RED OAK, TOWA 51566		50000	1
	ID#	DUM RABINETTE			
1-12-13	CK#	1130 N AVENUE ELLEOTT, TOWA 51589		5000	
	ID#	MOCH ROPINETIE			
61-61-1	CK#	IBO N AVENUE ELILIOT, FOUR 51532		500 ca	L
	ID#	ROSA EA MEILOTT			
2-18-12	CK#	1338 CAVENUE ELITOTT, LOWA 51539		10000	
_	ID#	JOSEPH ETGENBUTZ		10-	
2-18-12	CK#	1333 N AVENUE EXITOT, TOWA 51580		100	
	ID#	CAROLIN DAYS		-	
3-18-12	CK#	FO. BON 73 EULIOT, FORM 51532		1000	
	ID#	ANITH FOR			<u> </u>
21812	CK#	MAG SPENCE AVENUE ELLIOTT, FOLKA SIS 32	,	1000	
	ID#	But Johnson	6.5		
2/8/2	CK#	ATHEREN FOUND STORY		350	L
_	ID#	JOFF REYMOURS		21)	
2-18-13	_CK#	ELIST, IOUR (1539)		500	
,	ID#	MICHAEL CHRISTIANSEN			
2/8/3	_CK#	FULLY, TOWN 51589		050	
		/	SUB-TOTAL		_
		TOTAL (if last page		\$1740.00	
			•	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A

SCHEDULE

MONETARY

Reset Form.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Note: The CUERTE	A 4 MARIE AND A 10 MA	CK THIS BOX IF NDING FORM

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTROL			
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	MILLED PETERSON L			INCOME
21818	CK#	MILDED FETEROPTE BY TURPE AVENUE BILLIOT, JOUR 51589		\$2500	
	ID#	MONEY TURNED		10	
218-18	CK#	FO. BOX 14 EULIOTT, FOWA 51539		2500	
	ID#	WALTER BUFFOR		R	
3-18-19	CK#	306 HUSTRIET - AO. BON 97 ELLIOTT FOUR 51538		25	<u> </u>
	ID#	Wester WEERTSON - W		nA.	r
2-18-12	CK#	1507 MORCH 8 STREET ACT.			
	ID#	MACCACET MILE TREET			
3-18-13-	CK#	6238400 IOWA 51535		2500	
1019	ID#	KOTILEEN KLOSULA		20	T
3-1817	CK#	RED CIAK, JOCUA 51564		200	
	ID# /	Bruge Surphan		0A	F
3-1613	_CK#	RO. BOX 78 RED ORK, I OWA 51567		100	
	ID#	MB-MURRAY SMETH		$\langle a \rangle$	Ţ
2-18-18	CK#	DEN OPKI JOURS 51566		1000	
	ID#	DECRES GOOD_		a San	$\overline{}$
3-18-13	CK#	RED OAK IOWA SISEK		1000	
	ID#	RANDALL TYE		10	
21818	CK#	Fig. Box 99 EULION, FOWA SISS9		1000	
			SUB-TOTAL	· Anstan	
				\$ 725W	

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TOTAL (if last page of this schedule)

SCHEDULE

(Rev. 07/03)

MONETARY

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
O a state of the s	4
SAMOON FOR PHINITE	ŀ
The state of the s	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
- 1-0-	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	ALACUNIT	
RECEIVED	(if applicable)	The state of the s	TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID#	Introva land			INCOME
01010		Lakena Long		\$00	
3-18-12	CK#	207 SMH STARLI		1 × 1 5	
2 10 10	ID#	Partson, Town 50864		$\cup \mathcal{U}$	
	10#	ELIZABETH WARD	1900	. 6	
2-18-17	CK#	821 WEST PESTREET		1000]
51016		VILLICED FOUR SO 844		100	———
	ID#	MARCHA CHECK STREET			
2100	CK#	I'S WEST HEAT STREET		1000	
3/2/3	O TOP	VILLER JOHN 50864		159	
	ID#				
a 10 18	<u>ر</u>	LANNA CAM		010	
2-18-19	CK#	100 FST 4TO STREET		00	
	ID#	Killisch, FOWD 5/864		000	
0 10 10		COUNT NEY MEANS		· 🐧	
12-18-17	_CK#	110 WEST 3 STINEED ~ OULD		0110	
2 10 10	ID#	Virutson, IOUD 50864		00-	
0 10 10	1D#	DENNIS KOOD			
13-12-131	CK#			100g	
10 10 10		FLITATE TOWN 5/6/51		50	
	ID#	CURTIN FRAZEE 64807 360th (TIZERE)		:1 - M	
DEV10	CK#	648007 360th (TIZENT)		100	
12000	O.W.	HATTENET, IOWA MISYO		(X)	L
	ID#				
67 m	1	Dan (Elis)		14.00	
シーRリ	CK#	SOSS MOTOSTABLE MILL		100-	
	ID#	RED OAK, TOWN 51866		100	
- 6/10	A01 00A	JACOB PETERS A NOTH		BO	
エトメイト	CK#	130 SUNT RAGE DRIVE		+200	
<u> </u>	ID#	Counge RILFFS LOWP 5/503		100	
	IU#	Pay True /			
22717	CK#	SIS 160th STREET		Engo 1	
20, 0		VELLESCA, FOUR 50864	ļ	2000	<u> </u>
	-,		SUB-TOTAL		
				101500	

TOTAL (if last page of this schedule)

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Page 3 of 1

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Representation		CK THIS BOX IF NDING FORM

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DEL ATIONIO: ::=	T	
RECEIVED	(if applicable)	14/10/12 ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID#	NANCY NELSON		-	INCOME
301 10	CK#	Da Ba 92		\$ 00	
3017	3	ELLEDTI, FOUR 51532		25	L
	ID#	Stacky took	-	2	<u> </u>
2-21-12	СК#	POLEY ICCEPT CHOSE		5000	
200	ID#	Wruter John 50889		200	
11 1 16		INTOTATION (SUEN) EIV		0	
4-1-12	CK#	90809 535 TREBT	,	050	
- 0	ID#	CELLS, FOLKA SISYY		ar	
11010	CK#	BUTCH BRIT DRIVE		. 10	
アクケ	UK#	RED OAK, JOWN 51586		100	L
	ID#	Propos QULVER		,,	
49412	CK#	STAKES SULVES		Mode	
10, 10	15."	RED OAK, IOUR		20	
500.0	ID#	NECOLE PATNEY DE 307 MARIE AVENUE		OVI	
3-71/-12	CK#	307 MARIE AVELUE		1000	
00,0	ID#	GRANT TOWA		1 0	
10/0		CURILY AREZED 6459 360 th STREET		J. 50	
4-15-12	CK#	TO TOWN PIONS		50	
	ID#	LORIA GITED			
4-15-12	CK#	3474 100 FOR STILLED		2 00	
1 10 ,0		FUTAT JOWA 51539		30- 1	
1 2 3	ID#	Dia mon 12INX			
45131	CK#	ad charmy proset		1000 00	
1 15 ,	ID#	FLUTERT, IOWA SPOR		100	
(1)/12	1000	17 JAN MELLOTT			
1750	CK#			mail 1	
	<u> </u>	REN OAV, IOLA, 51568	SUB-TOTAL		
			SUB-TUTAL	\$ 121500	

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Page 4 of 7 (for Schedule A)

TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) One of the Committee of Organization (Committee of Organization)	N. 100, 10, 10, 10	CK THIS BOX IF IDING FORM

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF THE PROPERTY OF THE PROPER			
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	, LOCIVED	RAISER
	ID#	D. MOE PANTEL			INCOME
111010	CK#	DONNA MAESMEN		\$ d	
7-1512	CK#	RED OAK JOHD SISSI		50	Li
	ID#	Day Javan		1	
41619.	CK#	540 CASC STRIBLE		1 - A B	
1210		Zetshald, John 5X8		50	
11 / 12	ID#	Couly Hard		~	
4/5/2	CK#	P.O. BOX 157		1000	
	ID#	RED DAY, TOWN SISEB		100	
11 K 12	,	DIANE EXACTOR STREET		001	
1-12-10	CK#	RES ORK, IOWA 51584		1/1	
	ID#	mm Hr Middler			
416.19	- CK#	MANUEL MEDICANIA HAR-)		0 20	
1-12-10		RES OAK, IOWA 5/566		120	
10	ID#	Dick masses		- M	
4-15-13-1	CK#	KED (JAK, IOHD I)SP		25	
	ID#		· · · · · · · · · · · · · · · · · · ·	00	
UKIZ	(IN CHILLEN RIVE		000	
[F10-10]	CK#	RES ORK, I OWA 51814		35	
11	ID#	Dag WEL			
415121	, Ск#	140 - AVENT		200	
10.0		RES BAK, JOHN 5/566		V.5	
11	ID#	VICHARI VANSOF		1 (1)	
41812	CK#	SO BUT TRAIPERT		12/J	
	ID#	ROD OPK TOWN 51868		70	
41413		OLEM MASSIELE		~ 00	
1 10,0	CK#	RED OPPLY TOWN SISH		500	L
		KEO US JOUR	SUB-TOTAL		
				\$405.00	
		TOTAL (if last page of	of this schedule)		

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Page 5 of 7 (for Schedule A)

SCHEDULE

MONETARY

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)	0000 000 100	CK THIS BOX IF NDING FORM

SCHEDULE

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DATE	DAG ID AILIMPED				
RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK		TO CANDIDATE*	RECEIVED	FUND-
(IVIIVIIDO/111)	NUMBER		(if applicable)		RAISER
					INCOME
	ID#	WESSTHEEN			
111000		The control of		\$	1 1
4412	CK#	1410 18 TONBET		ALO	l L
1.016		HARLAN FOUR 5K3		110	
	ID#			104	
		JUSTEN JCHWATTZ		11000	
15-17 W	CK#	200 to STUBE		411	
3 1-17		GRANT, IOWA 50847		I / V	<u> </u>
	ID#				
	('0"	TALE SCHINGS		100	
P 11.12	CK#	19715 140# STUEN		11/100	11
571	OI\#	Touch GOGLU		141 1	<u> </u>
	ID#	VILLEGO TOUR SECOT		, ,	
	10#	MAJ CAM		M	
M - 19	CK#	1699 TAVENUE		1100	
15-51 1	CN#			11//1	L
	1577	VILLETSON, JOUR SOSGY		110	
χ.	ID#	OLLY RUBEY		- 1	
10 B	01//	ISIA MORISTAKET		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Jan 1 / 1	CK#	Ba all Tales and I		11/10	
0		RED OAK, IOWA 51568			ļ —— ·
	ID#	MITHIE FOR			
P 11 10		1437 SALVEE AVENTE		<i>a</i>	
シアノン	CK#	1131 THOUSE TUBE		0	
1 70		ELITETY, 10WA 5)539		(2)(3)	
	ID#	FRIEN HAMMANS	**************************************	G.	
11:10 12		Paron Tulling		1 20/1	
4-13-12	CK#	Sof for CLARENDA AVENTE		1/100	h
,		DYELANDONY, IGMO SIGO		/ //	
	ID#			, , , , , , , , , , , , , , , , , , ,	
11 12 00	Store and	COCKBURY NO		\sim	
14-14-19-1	CK#	SOS WEST CLARK AVENUE		11/0	1
1 1		OUINEM I JOHN 57045		IIIII	<u> </u>
-	ID#	Balling, From 21011		/.0	
		Star Smith 1		~ CD	
111, 16,174	· CK#	2 REDWOOD COSCLE		(1)	· 1 1
19000		PRO ONLIONA SIST		~ 0	ليسيا
- 	ID#	(B) only son grou)	
	10#	DELIKA WENBERG		1.01	
4-49-191	CK#	SH ROAD PAR		1 me	
1011	ON#	SHADE TOUR CITY		50 1	L.,
. 0		STANTOW, JOHN SISTS			
		J	SUB-TOTAL		
			To specify the specific specif	\$550.00	
		TOTAL (if last page of	f this schedule)		
				\$	
* Disclosure law req	uires candidate committee	es to disclose the relationship of any relative making a contribution t	to the	<u> </u>	
Committee. Relationship must be shown to the third degree of consequinity (blood relatives) and affinity (relatives to					
manage). Il surname of contributor is the same as candidate but there is no					
familial relationship, enter "not applicable" in the relationship column.					

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) JOHNSON FOR SHENLFF		CK THIS BOX IF NDING FORM

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DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	DELATION OF		
RECEIVED	(if applicable)	INVINIE VIAD ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)		RAISER
	ID#	Land To to		1	INCOME
110010	01411	SOUTH GRAD		\$	
42212	CK#	FULL SISS		1500	
	ID#	DO NOW PETERSON		20	
1100-12	CK#	1046 ZINJOR AVE-		Nac	
7,710	UN#	KLIJOTT ICHA 5/539		50	
	ID#	ROSD GO MENOTI		OA.	
40219	CK#	INO 1 AVE ARE		100 W	
7 000		BUJOH, 50 UP 5)532		100	
11 2/10	ID#	GLOW KAY OLAMBA		(40)	
4-25	CK#	1921 PAINTE ~1000		0	
100.	ID#	BUT TOWA 51837		300	L
1000	IU#	R. J. K. WELAND		24	
アルカ	CK#	20x950 50 MAIN		CRC	
	ID#	ESTSLIAD TOWN SISS		$\mathcal{Z}_{\mathcal{U}}$	
4400		STEROV FOOT B NA			
1-27)8	CK#	Starton Town 51573		100	
	ID#	DUGLAS GORACKS		12	
51412	CK#	VOY POR UEW DIEW		10 00	
31712	CIN#	RED PALL FOWE		10000	
	ID#	1			
	CK#	0001 1 000		2010	
		CHOCK MONITURE		3460	
	ID#				
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	AND THE PARTY OF T				
	CK#				
			SUB-TOTAL	7/800	2/2(

TOTAL (if last page of this schedule)

Page _____ of _____

SCHEDULE

MONETARY

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^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

R	es	et F	orm	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES
Пснес	CK THIS BOX IF

AMENDING FORM

COMMITTE	COMMITTEE NAME (Must be same as on Statement of Organization)			
Same		SHOUTH'		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2712	ID# CK#	AED OAK EXPRESS BUILD COMMENTS DOENTS	AD IN NEWDARER	\$ 44.84
31512	ID# CK#	MARKARET SAMPSON 1379 LUMBER AVENUE ELLIOT, IOUR 515392	RELIMBULGEMENT FOR FUNDRATION MEAL	341-39
312-12	ID# CK#	HOWKEYE COMMUZERION P.O. BOX 465 RBD OAK IOWA 5)566	Gross VD	195.25
3-1243		RED OAK CHANDER 307 EAST REED STREET RED OAK, JOUR 5)566	FROM & HOME SHOW	6000
3-16-13	ID# CK#	RED OPK, IOWA SIGH	PARIER SIGNS BLAIN IND PENS	1489.69
3-30-12	3.9	OUTEITIDS AUS 5(988 (35 STREET) ATLANTIC, IOWA SOOD	I STURIC	536.82
4-513	ID# CK#	RED OAK EXPRESS SUPPL COMMERCE DRIVE RED OAIS, JOHN SISK	AS IN MENEURANE	48.84
4-6-12	ID# CK#	KBD UAK, IOWA 5)568 KBD UAK, IOWA 5)568	CHILD PAGE	119.95
		1	SUB-TOTAL TOTAL (if last page of this schedule)	\$273891

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

AMOUNT EXPENDED

	COMMITTEE NAME (Must be same as on Statement of Organization)				
	Bons	you for	- CHRISTA		
	DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	
	43-19	ID# CK#	OUTPORTUS YOUS 56988 635 JUBA ATLANTER, TOWN SOOD	FSHARIS	
1	4312	ID# CK#	HA-VEE BOADLAND OF -	SURVES	
	4-15-12	ID# *CK#	1210 INCHESTAND 1210 INTERPORTS CHINCH	Roan Rental	
1	4-16-12	ID#	Charles a stars	Sions	

ATHOR I BUR 51639

SUB-TOTAL \$1892.24 TOTAL (if last page of this schedule)

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THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

town 51523

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE		
(Rev. 07/03)	MONETARY EXPENDITURE	
2.0700	CK THIS BOX IF	

COMMINITIES	I NAME (MUSI DE S	same as on statement of Organization)		
PAME	Bar For	SHERIFF		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
4-30-13		HUISO REVIEWSTANTAL 113 NOWH STANDENUS VENLISCA, FOWN SORKY	NEWSPORM DALS	\$57.20
4-36-13	ID# JCK#	STATELY AUG 5698 685 BONDED ALLANTS, LOW SOOD	T-SHISTO	383.17
53	CK#	RED OAK, TOWA 51568	NEWFAREN ALLS	48.84
5-10	ID# CK#	REDORK, FOLK SIJEL	NELSPAPER POLS	48.84
5-11	ID# CK#	PED CIPK, I OWD 5/568	RADIO AAS	397.50
517	ID# CK#	RED OAK I I GUA 5154	MELLS PAPAN ADS	317.20
	ID# CK#			
	ID# CK#	2		

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

(for Schedule B)

SUB-TOTAL

TOTAL (if last page of this schedule)